GROUP CLAIMS

1. Only one claim per **DMH** client should be submitted for a group session, regardless of the number of providers participating.

2. Total billable time is calculated by adding all the providers' times, including any documentation time. (Total of all Providers' face-to-face time + Total of all providers' Other time = Total billable time)

3. Each claim includes the total time / # of clients "represented", **non-DMH clients must be present but DMH clients may be represented by family/collaterals.**

4. If a collateral is representing an absent **DMH** client in the group, then this collateral should be counted **in the billing calculation**. So, the system screen needs to capture the # of **absent DMH clients represented by a collateral**. It does not need to capture the # of all collaterals present, as any collateral accompanying a client to the group is not factored into the calculation for the claim **a DMH client can only be represented by one collateral for billing purposes, and non-DMH clients cannot be represented by a collateral for billing purposes, they must be present**. The billing calculation should add the # of clients present to the # of **absent DMH clients represented by a collateral**, to get the total # of clients represented. (# clients present + # of **absent DMH clients represented by a collateral** = Total # of clients represented)

5. So, each claim calculation is: (Total billable time) / (Total # of clients represented), for one claim per client represented.

EXAMPLES:

For Multi-Family groups 90849 and **For Single-Family groups 90853, 90857, H2015**

1. E.g. a 100 minute group session with 5 clients present and 2 providers (one primary and one co-provider). The primary/rendering provider spends 25 minutes on progress notes etc. **So, the total time for the claim is 225 minutes.**

Provider time is recorded as total time of 100 minutes + 125 minutes = 225 minutes (total time = face-to-face + documentation time) and the **system should create 5 claims, each for 45 minutes for 5 clients represented. Only the rendering (**primary**) provider is indicated in the claim**.

2. E.g. a 100 minute group session with 4 clients present and 1 collateral representing an absent **DMH** client; and 2 providers (one primary and one co-provider). The primary provider spends 25 minutes on progress notes etc. **So, the total time for the claim is 225 minutes.**

Provider time is recorded as total time of 100 minutes + 125 minutes = 225 minutes (total time = face-to-face + documentation time) and the **system should create 5 claims, each for 45 minutes for 5 clients represented. Only the rendering (**primary**) provider is indicated in the claim**.

3. **E.g. a 100 minute group session with 4 clients present and 1 collateral representing an absent non-DMH client; and 2 providers (one primary and one co-provider). The primary provider spends 25 minutes on progress notes etc. So, the total time for the claim is 225 minutes.**

Provider time is recorded as total time of 100 minutes + 125 minutes = 225 minutes (total time = face-to-face + documentation time) and the system should create 4 claims, each for 56.25 minutes for 4 clients represented. Only the rendering (primary) provider is indicated in the claim.

4. E.g. a 100 minute group session with 4 clients present and 1 collateral accompanying a present client; and 2 providers (one primary and one co-provider). The primary provider spends 25 minutes on progress notes etc. **So, the total time for the claim is 225 minutes.**

Provider time is recorded as total time of 100 minutes + 125 minutes = 225 minutes (total time = face-to-face + documentation time) and the **system should create 4 claims, each for 56.25 minutes for 4 clients represented. Only the rendering (**primary**) provider is indicated in the claim**. (note that only 4 clients were represented)

5. E.g. a 100 minute group session with 4 DMH clients present and 1 non-DMH client present; and 2 providers (one primary and one co-provider). The primary provider spends 25 minutes on progress notes etc. **So, the total time for the claim is 225 minutes.**

Provider time is recorded as total time of 100 minutes + 125 minutes = 225 minutes (total time = face-to-face + documentation time) and the **system should create 4 claims, each for 45 minutes for the 4 DMH clients represented, a claim is not created for the non-DMH client. Only the rendering (**primary**) provider is indicated in the claim**.